



**Columbus Civil Service Commission**  
50 West Gay Street, Room 600  
Columbus, Ohio 43215

## ***Temporary Appointment Request***

THIS REQUEST AND ASSOCIATED POSITION CONTROL FORM (CS105) MUST BE SUBMITTED TO THE CIVIL SERVICE COMMISSION NO LATER THAN 2:00 P.M. OF THE BUSINESS DAY PRECEDING THE ANTICIPATED TEMPORARY APPOINTMENT OR BY THE WEDNESDAY OF PERSONNEL WEEK, WHICHEVER IS SOONER.

### **APPOINTING AUTHORITY INFORMATION**

Date of Request:	
Department:	
Division:	
Personnel Contact:	
Extension:	

### **POSITION INFORMATION**

Position Number:	
Requested Classification:	
Candidate Name:	
Candidate SSN:	
Position Start Date:	

### **APPOINTING AUTHORITY AUTHORIZATION**

Appointing Authority Signature	Date

### **FOR CIVIL SERVICE COMMISSION USE ONLY**

Has the candidate received any temporary appointments within the last twelve months? ☐ Yes ☐ No

Information Verified By:	Date

This temporary appointment request is being: ☐ Approved ☐ Denied

Approved/Denied By:	Date